

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/562736 FILING DATE \_\_\_\_\_  
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3			2				53						
4			2				54						
5			2				55						
6			2				56						
7			2				57						
8			2				58						
9			2				59						
10			2				60						
11			2				61						
12			2				62						
13			2				63						
14			2				64						
15			2				65						
16			2				66						
17			2				67						
18			2				68						
19			2				69						
20			1				70						
21			1				71						
22			2				72						
23			2				73						
24			2				74						
25			2				75						
26			2				76						
27			2				77						
28			2				78						
29			2				79						
30			2				80						
31			2				81						
32			2				82						
33			2				83						
34			2				84						
35			2				85						
36			2				86						
37			2				87						
38			2				88						
39			2				89						
40			1				90						
41			2				91						
42			2				92						
43			2				93						
44			2				94						
45			2				95						
46			2				96						
47			2				97						
48			2				98						
49			2				99						
50			2				100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			61				TOTAL DEP.						
TOTAL CLAIMS			104				TOTAL CLAIMS						